



GENERAL SPECIMEN SUBMISSION FORM

U.S. Postal Address
Animal Health Diagnostic Laboratory
NJ Department of Agriculture
PO Box 330
Trenton NJ 08625

Fed Ex/UPS/ Delivery Address
Animal Health Diagnostic
Laboratory, NJPHEAL
3 Schwarzkopf Drive
Ewing, NJ 08628

Contact Information
Phone: (609) 406-6999
Fax: (609) 671-6414
Website: www.jerseyvetlab.nj.gov
E-mail: jerseyvetlab@ag.state.nj.us

(Lab Use Only)

Please print **FULL** name and provide requested information. By submitting specimen/s and submission form/s, submitter is entering into an agreement of the proposed work with the Animal Health Diagnostic Laboratory. Please refer to the website for further details.

Submitter			
Name:			
Clinic/Institution:			
Address:			
City:		State:	Zip:
Phone:		Fax:	
E-Mail:			
Lab Report Distribution Preference: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail <input type="checkbox"/> Phone		Account Number:	

Owner (Check if same as submitter <input type="checkbox"/>)			
Name:			
Premise ID/Name:			
Address:			
City:		State:	Zip:
Phone:		Fax:	
E-Mail:			
Lab Report Distribution Preference: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail <input type="checkbox"/> Phone			

Send Report To: ☐ Submitter ☐ Owner ☐ Other _____

Necropsy: Body Remains Disposal after Necropsy

Bill To: ☐ Submitter ☐ Owner ☐ Other _____

☐ Laboratory ☐ Crematory _____

Animal Identification (See reverse side for additional animals)					
Sex Codes: M=Male, F=Female, C=Castrated Male, S=Spayed Female					
	Animal or Sample ID	Species	Breed	Sex	Age
1					
2					
3					
4					
5					

Specimen Description	
Specimen Collection Date:	
<input type="checkbox"/> Blood, EDTA Qty:	<input type="checkbox"/> Carcass Qty:
<input type="checkbox"/> Feces Qty:	<input type="checkbox"/> Fluid Qty:
<input type="checkbox"/> Serum Qty:	<input type="checkbox"/> Slide Qty:
<input type="checkbox"/> Swab Qty:	<input type="checkbox"/> Tissue fixed Qty:
<input type="checkbox"/> Tissue fresh Qty:	<input type="checkbox"/> Other _____ Qty:

Testing Purpose:	<input type="checkbox"/> Clinical <input type="checkbox"/> Regulatory <input type="checkbox"/> Surveillance <input type="checkbox"/> Import <input type="checkbox"/> Export Country of Destination :
Type of flock/herd/group:	Size of flock/herd: Number sick: Number sampled:
History/Clinical Signs (use reverse page for additional description):	

Test/s Requested (Check under multiple species category if you don't see test/s of interest under species of interest)	
Avian/Pigeon: <input type="checkbox"/> AI PCR <input type="checkbox"/> AI AGID <input type="checkbox"/> APMV-1/NDV PCR <input type="checkbox"/> EEE PCR <input type="checkbox"/> Necropsy <input type="checkbox"/> Psittacosis <input type="checkbox"/> Pullorum micro titer Avian/Pigeon Panels: <input type="checkbox"/> Breeding Pigeon Health Screen I <input type="checkbox"/> Breeding Pigeon Health Screen II <input type="checkbox"/> Pigeon Respiratory Bacterial PCR <input type="checkbox"/> Pigeon Viral PCR <input type="checkbox"/> Racing Pigeon Health Screen I <input type="checkbox"/> Racing Pigeon Health Screen II <input type="checkbox"/> Racing Pigeon Health Screen III <input type="checkbox"/> Thrush & Canker PCR Caprine/Ovine: <input type="checkbox"/> Blue tongue AGID <input type="checkbox"/> CAE/OPP AGID <input type="checkbox"/> CL Serology <input type="checkbox"/> Scrapie Canine/Feline: <input type="checkbox"/> Influenza A PCR <input type="checkbox"/> Influenza A AGID <input type="checkbox"/> Lyme <input type="checkbox"/> <i>Streptococcus zooepidemicus</i> PCR <input type="checkbox"/> Cosmetic Necropsy Equine: <input type="checkbox"/> CEM (Breeding) <input type="checkbox"/> EEE IgM ELISA <input type="checkbox"/> EEE PCR <input type="checkbox"/> EIA AGID <input type="checkbox"/> EIA ELISA <input type="checkbox"/> EHV1 SN <input type="checkbox"/> EHV1 PCR <input type="checkbox"/> EVA SN <input type="checkbox"/> Influenza HI <input type="checkbox"/> Influenza PCR <input type="checkbox"/> Lyme <input type="checkbox"/> PHF IFA <input type="checkbox"/> PHF PCR <input type="checkbox"/> Strangles PCR <input type="checkbox"/> West Nile IgM ELISA	Equine (continued): <input type="checkbox"/> West Nile PCR Equine Panels: <input type="checkbox"/> Abortion, fetal tissue <input type="checkbox"/> Abortion, maternal serum <input type="checkbox"/> Abortion PCR <input type="checkbox"/> Diarrhea (culture, PHF, parasites) <input type="checkbox"/> Diarrhea, PCR <input type="checkbox"/> Neurologic, serum (EEE, WNV, EHV-1) <input type="checkbox"/> Neurologic, PCR brain <input type="checkbox"/> Respiratory, acute (EHV-1, S. equi, Influenza A) <input type="checkbox"/> Respiratory, full <input type="checkbox"/> Respiratory, serology Multiple species <input type="checkbox"/> Aerobic Culture & Sensitivity <input type="checkbox"/> Aerobic Culture Only <input type="checkbox"/> Anaerobic Culture <input type="checkbox"/> Biopsy/Histopathology <input type="checkbox"/> Campylobacter <input type="checkbox"/> Cytology, Slide <input type="checkbox"/> Fecal Parasite Exam <input type="checkbox"/> Fungal culture/ Mycology <input type="checkbox"/> Influenza A PCR <input type="checkbox"/> Listeria <input type="checkbox"/> Leptospira MAT 6 serovars <input type="checkbox"/> Mycobacterium / Acid Fast Bacteria <input type="checkbox"/> Necropsy <input type="checkbox"/> Necropsy (Field) <input type="checkbox"/> Necropsy (Forensic) <input type="checkbox"/> Salmonella <input type="checkbox"/> Virus Isolation Please specify virus: _____ Other Test/s _____ See page 2 for additional tests

Signature of Submitter: _____	Date: _____
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Biopsy/Surgical Pathology: <div style="text-align: center; margin-top: 20px;"> </div>	Describe lesions and fill in the diagram to indicate extent of lesion and site: <div style="height: 150px; border: 1px solid black; margin-top: 10px;"></div>
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History/Clinical Signs/Provisional Diagnosis:
 (Space provided for additional information)

Animal Identification (Use Continuation Form for additional specimens)					
	Animal or Sample ID	Species	Breed	Sex	Age
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Test/s Requested Continued (Check under multiple species category if you don't see test/s of interest under species of interest)	
<u>Bovine</u> <input type="checkbox"/> Blue tongue AGID <input type="checkbox"/> Bovine Leucosis AGID <input type="checkbox"/> Brucellosis card <input type="checkbox"/> Brucellosis tube <input type="checkbox"/> BSE <input type="checkbox"/> BVD PCR <input type="checkbox"/> Johne's ELISA <input type="checkbox"/> Johne's PCR <input type="checkbox"/> Johne's fecal culture <u>Porcine</u> <input type="checkbox"/> Influenza A PCR <input type="checkbox"/> Influenza HI <input type="checkbox"/> SECD <input type="checkbox"/> PRV <u>Fish</u> (Water Temperature _____) <input type="checkbox"/> Fish Health Certification <input type="checkbox"/> KHV PCR <input type="checkbox"/> VHS PCR <input type="checkbox"/> Virus Isolation _____	<u>Exotic/Zoo/Wild</u> <input type="checkbox"/> Blue tongue AGID <input type="checkbox"/> Brucellosis <input type="checkbox"/> CL Serology <input type="checkbox"/> EEE PCR <input type="checkbox"/> Influenza A AGID <input type="checkbox"/> Influenza A PCR <input type="checkbox"/> Johnes Culture <input type="checkbox"/> Johnes PCR <input type="checkbox"/> TSE <input type="checkbox"/> West Nile PCR <input type="checkbox"/> Yersinia culture <u>Other Tests</u> <input type="checkbox"/> Suspect Foreign Animal Disease _____